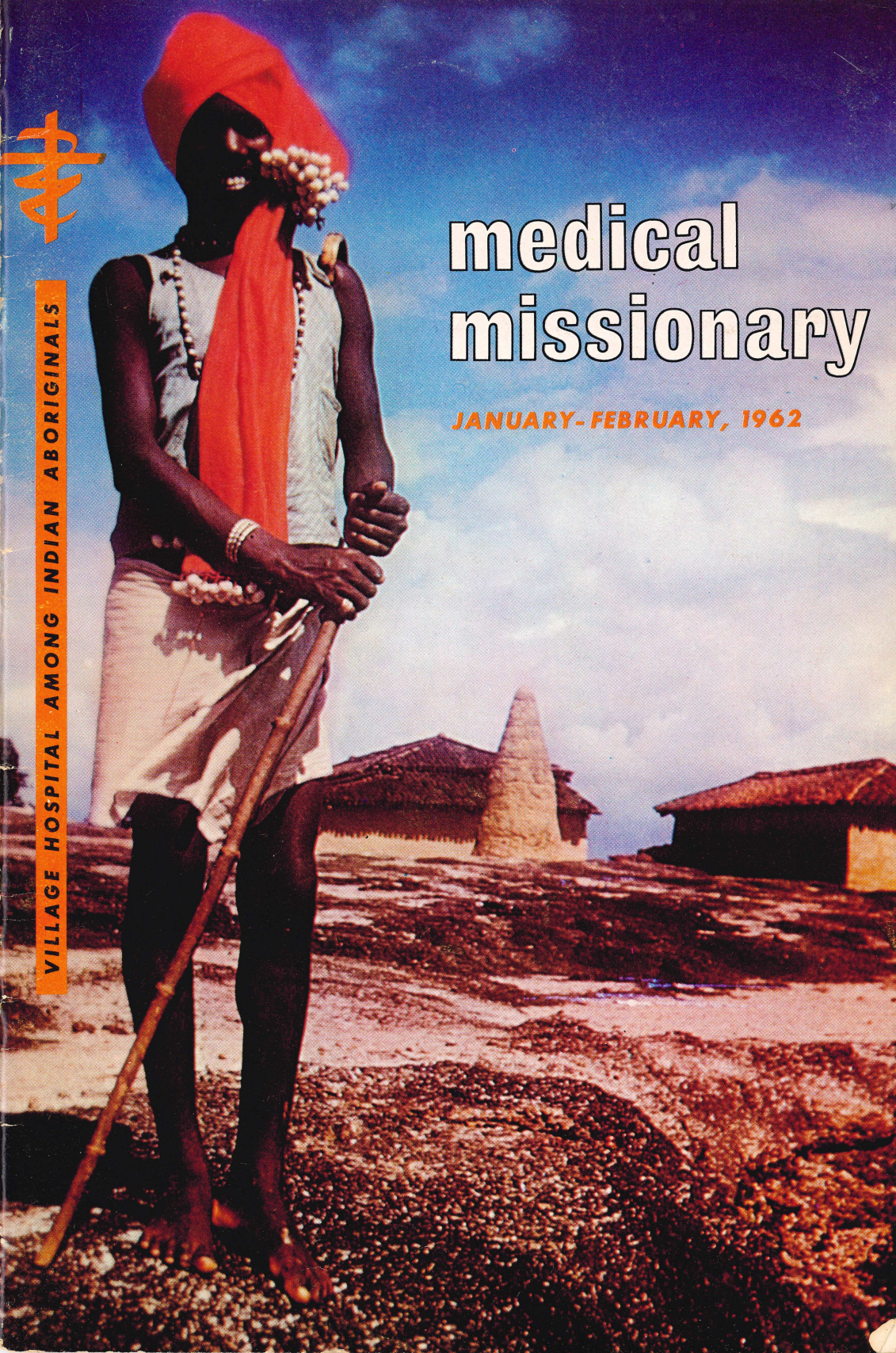

medical missionary

JANUARY-FEBRUARY, 1962

VILLAGE HOSPITAL AMONG INDIAN ABORIGINALS

AVE EVA

Mary is the new Eve. She is the strong woman of the scriptures who crushes the head of the serpent that beguiled the mother of our race. The daughter's obedience redeems the mother's debt, for it brings life to the world, as Eve's sin brought death. With virginity unimpaired, this one and only Daughter of Life, gives birth to the Ancient of Days Who raises up the ruins of the world and restores to it its life and loveliness. All women come to this Woman; virgins to the Virgin, mothers to the Mother, brides to the Bride, widows to the Widow, for the restoration of their dignity. This new Eve restores the whole race of women who come to her, as the new Adam, Our Lord Jesus Christ recovers the whole race of men. She is Eden restored, the unploughed, blessed earth in whose womb God came and sowed Himself, and sprang up as the Tree of Life to satiate the hunger of the world. In this new Eve, this new Mother of all the living, the refashioning of our nature begins and the world that has grown old receives the beginning of a second creation that is of God.

compiled from patristic sources.

Mary in the Fathers of the Church
the first in a series
THE NEW EVE

VOL. 36, NO. 1

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Cover Photo

Man from Oraon tribe, Mandar, India

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OUR THEME FOR 1962 . . . . . *The Village Hospital*

ALWAYS guided by the principle of where the need is greatest, and where the greatest amount of good could be accomplished, Medical Mission Sisters have taken their apostolate for the sick into the highways and by-ways of the East . . . into big cities and towns, into ports and mining districts, to small villages hidden in the jungle and Bush, off the beaten path—and even to a small island where floods invade the village each year, at monsoon time. . . .

With this January-February issue of the **Medical Missionary,** we are initiating a new series of issues on VILLAGE HOSPITALS in the rural areas of India, Pakistan and Africa, highlighting in this issue our first village venture, Holy Family Hospital, Mandar, among Indian Aboriginals.

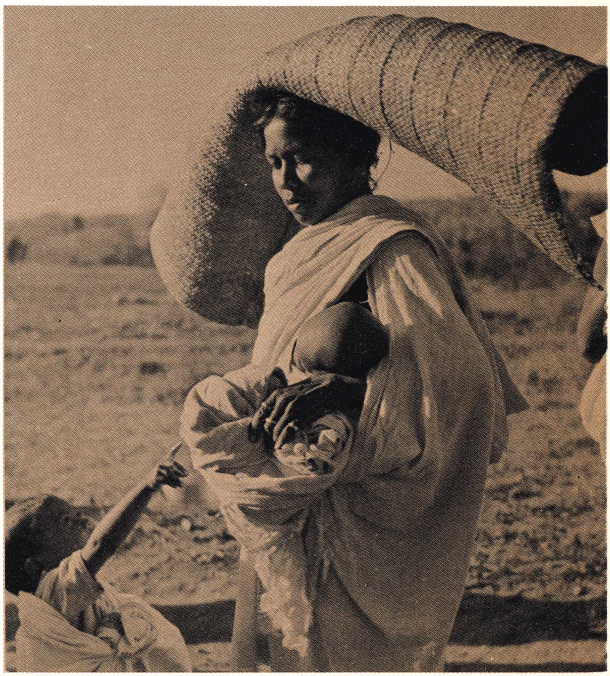
The real India lives in the villages, and there the lack of medical care is felt most acutely. India, alone, has 500,000 villages; 85% of its people are peasants. There are too few doctors and nurses for the whole vast country of India. The majority prefer to live in the towns and cities. Who can blame them? There are often no proper roads, no electricity, no safe water supply, no newspapers. Few who have tasted the joy of city life can be persuaded to bury themselves and their families in the Indian countryside.

All villagers face the same problems: they are badly nourished, miserably housed, shackled by centuries of tradition and illiteracy and bowed down with burdens of poverty and disease which they can never lift or overcome by themselves. The importance of the village hospital can not be overestimated.

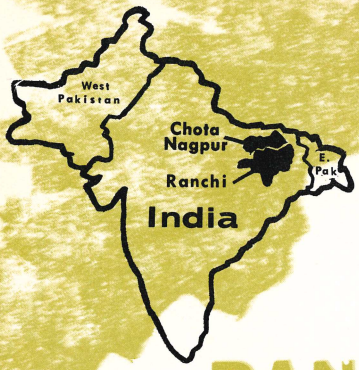
VILLAGE HOSPITAL FOR INDIAN ABORIGINALS

SISTER M. ANGELICA

HOLY Family Hospital, Mandar, is 17 miles from Ranchi, the nearest town. It is a small village with a church, a convent, a school, a police station and the hospital. All around as far as the eye can see there are only rice fields and jungle, and, in the distance, dotted here and there are other small villages like Mandar. In March, 1947, three Medical Mission Sisters, a doctor, a nurse, and a pharmacist, came out to Mandar by bus to open up Holy Family Hospital. On the last lap of their journey from Ranchi, they said to each other, "How will the people ever know we are here? There are only jungles and rice fields . . . We will have plenty of time to set up the hospital before we make it known that we have come." The very next day, before the Sisters had unpacked there at the gate of the hospital stood a long line of aborigines —Oraons, Mundas, and Kharias. The beds had not arrived, the rooms were not finished, but the patients were too sick to be sent away, besides some had been carried in from 20 to 30 miles away. When Sister M. Barbara, M.D. tried to explain to one man that the hospital was not ready and that perhaps he could come back in a few weeks, she said to him: "After all what did you do before we came?" "We died," was his pathetic and terse answer. Without medical care, such was

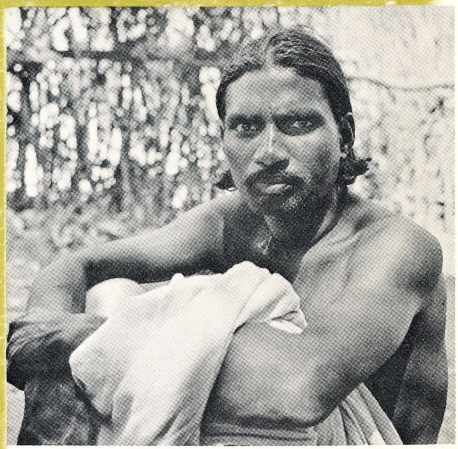


Mandar Village, India. Tribal woman arrives at Holy Family Hospital, with her sleeping mat. She walked 40 miles.



Mandar

RANCHI DISTRICT



An Oraon farmer. The Oraons form the main aboriginal tribe of Chota Nagpur District in India. They are intensely attached to their native soil.

the fate of many thousands in the surrounding isolated villages.

In those beginning days, the Sisters worked without the bare necessities of running water and electricity. For the first few weeks, water had to be "borrowed," to use the local expression, from a neighbor's well. Operations had to be scheduled for the day, because there was no electricity. One night they had to complete an operation, the amputation of three fingers with the aid of a flashlight. The crowds continued to come and the hospital grew by leaps and bounds.

Today the Sisters operate to the mooing of the cows outside the Operating Rooms, but more often it is to the tune of the village drums, or songs of a dissonant tune, the tunes of the Oraon tribal people. Mandar is in the heart of Chota Nagpur, one of the two really Catholic centers in India today. Probably the most amazing missionary that India has seen, since the time of St. Francis Xavier, was Father Constantine Lievens, S.J., who was responsible for the great mass conversions of the tribal peoples in Chota Nagpur, an area as big as his native Belgium.

At the age of 29, when Father Lievens was assigned to the Chota Nagpur missions, he had 56 Catholics to care for. When he died in 1893, eight years later, he had the consolation of knowing that he had personally baptized in that mission 25,000 of the aborigines. His organization and example led to the conversion of 50,000 more. Sixty-five years after he had begun his work, when the first aboriginal Bishop, Bishop Kujur, was consecrated Bishop in Ranchi, which was the center from which Father Lievens worked, there

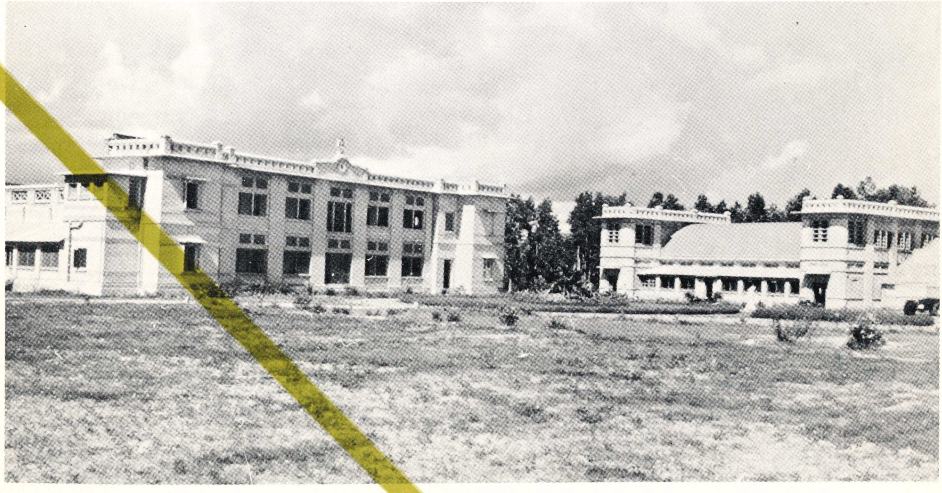
were some four hundred thousand Catholics in Chota Nagpur, of whom a quarter of a million were in the Ranchi Diocese.

It was really through his efforts to obtain justice and land security for the aborigines, that Father Lievens opened the way for the mass conversions of so many villages among the aboriginal peoples. For centuries their lands had been at the mercy of the powerful landowners, money lenders and police. Father Lievens studied the laws of the land, became their legal adviser and went to court to represent his poor jungle clients. He also established schools and cooperatives and credit societies for the people. In this way he won their heart.

Mandar's Holy Family Hospital, School of Nursing was begun in 1949, and is presently training a group of 70 students. Although some of the students are from Malabar in the South, yet more than half come from the tribal villages like those around Mandar. For the Oraon girl, coming into the training school, from the village, where the simple routine of tribal life is still carried out, nursing is a great challenge. Coming from homes, where the mud floor is work bench, bed, chair and table, they must be constantly reminded not to place a treatment tray on the floor in the duty room; they must also learn how to open doors, etc. Once the fundamentals are learned, though, there are no better bedside nurses to be found anywhere. Some of these aboriginal nurses have joined our own society and are back working in Mandar again among their own people.

A whole book could be written telling the story of the building up of a village hospital . . . this one in particular, where wells had to be dug, electricity generated on the spot, and everything brought in from afar . . .

Conducting village hospitals in the missions means all this . . . and more. Christ's compassion for the multitude is continued here, and charitable care of the sick speaks a language every villager understands.

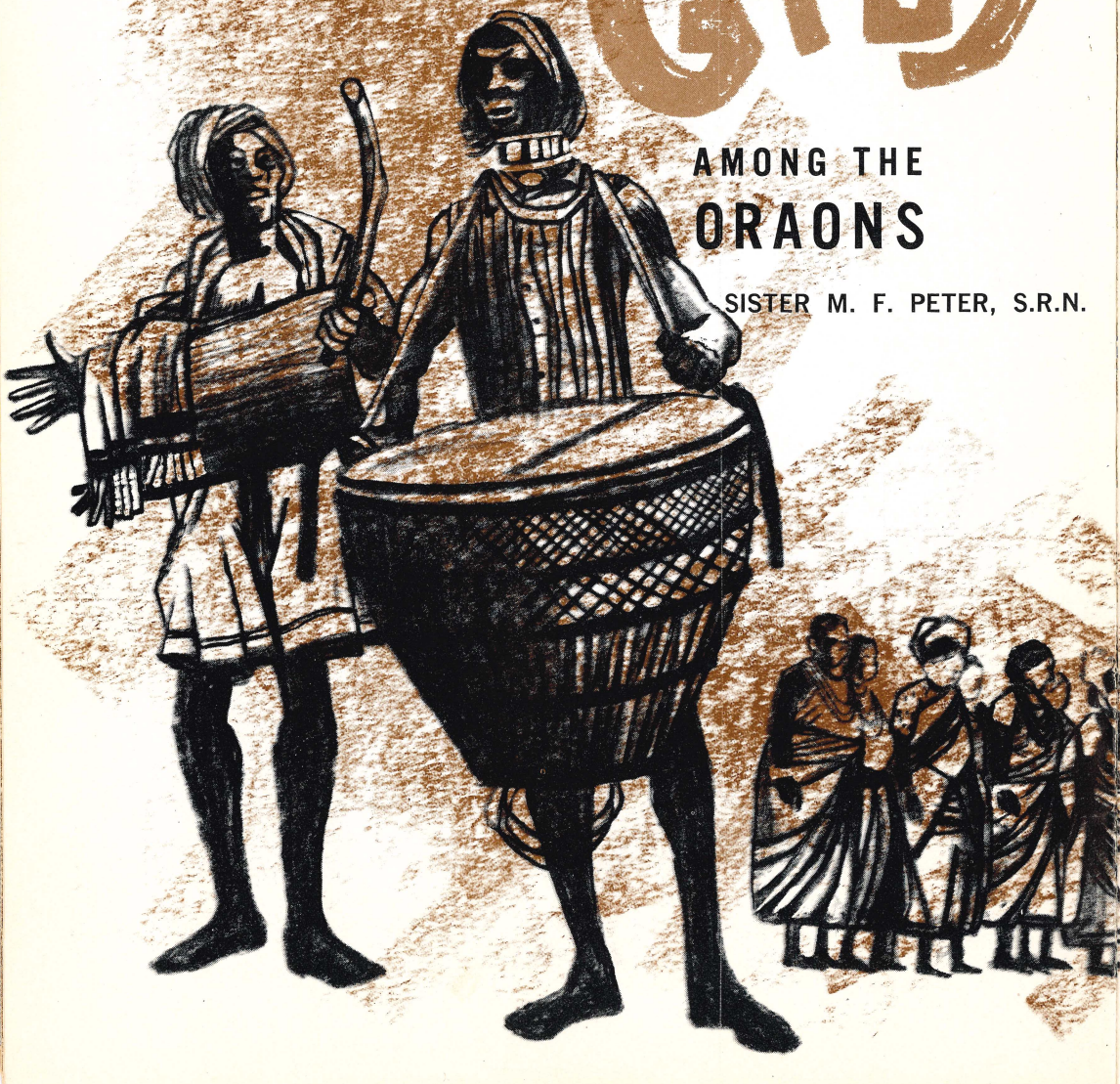


Holy Family Hospital, Mandar, is 17 miles from Ranchi, the nearest town. Before the hospital opened many people died for lack of medical care.

TRIBAL GAIETY

AMONG THE ORAONS

SISTER M. F. PETER, S.R.N.



GORLAGGI! (good-day) says the very ill Parwa, who was brought to Mandar Holy Family Hospital last night. *Ekase Raadi* (how are you?) says Sister M. Scholastica, M.D. to Parwa as she makes her morning rounds.

Parwa is a member of the Oraon tribe whose people are numbered among the oldest inhabitants of India. The Oraons form the main aboriginal tribe of Ranchi District of Chota Nagpur Region. They call themselves Kurukhs and Parwa speaks Oraon, or Kurukh, as their tribal language is called. In spite of the centuries that the Oraons have lived in India, they still retain their own customs, language and culture.

Today the Oraons are agriculturists and their greatest desire is to own a piece of land. Many years ago before they turned to agriculture, they spent their time gathering food. Women roamed the fields and jungles picking edible flowers, herbs, berries, roots, leaves and tubers for food. The flower of the mohua tree was, and still is, a special delicacy for them. Even today you can see the poor village women searching the fields and woods for food. They know what is edible and what is poisonous. The children also know what to pick and what to leave behind. Mushrooms are always sought and they are plentiful during the rainy season when they sprout up along the edge of the fields and paths.

If you ask them what they are collecting, they will say *Sag* which is supposed to be spinach but it is no more like real spinach than chalk is like cheese. It is a combination of edible leaves from various plants which they make into a curry that is hotter than hot.

Originally the Oraons were animists. Many have become Christians but those who still remain animists offer sacrifices to various spirits, among them the ancestor spirits, good and evil spirits, bhuts (or devils), and the Supreme good spirit named *Dharmes,* to whom white fowl or white goats are offered. Like most primitive people they have a reverential awe of mysterious supernatural forces. They offer sacrifices to obtain good health, children and plentiful crops.

It is said that originally, all the Oraons' religious spirits were evil or trouble mongers and that contact with other beliefs have given them some kindly spirits or gods. These spirits, it is believed, have marked preferences as to the color of the fowl to be used in their sacrifices. Different spirits get different colors. Streams, rocks and various parts of the village have their particular spirits. The chief spirit of

the village is *Chala Pachcho,* who is pictured as a friendly old woman and to whom very elaborate sacrifices are made.

The Ancestor spirits receive special attention, for it is believed that they can assume any form and go anywhere they please. When a member of a family is very ill, a gray fowl is sometimes offered to them for a cure. In a village the spirits of the dead are said to live nearby, underground. The fervent Oraon drops a few morsels of his food on the ground before he begins to eat, in gratitude for all the ancestor spirits have done for the family. At certain festivals, when the gathering of the first upland rice is celebrated, a little rice is specially offered to the spirits of their fathers.

Each Oraon village has a *paahan,* village sorcerer, or priest, who sacrifices for the whole village according to seasons. The *Paahan* sacrifices in the village *sarna* which is ordinarily a cluster of sal-trees on a small elevation. There has been very little weakening in the tribal sense of solidarity, and an Oraon villager, unless he is a convert to Christianity, still follows a routine of life, based on the system of his ancestors. This includes traditional rites for birth, marriage and the celebration of two major festivals for accelerating the Harvest, besides their religious beliefs.

The principal religious festival of the Oraons known as *Sarhul* marks the flowering of the sal-trees in the early Spring. The ploughed fields are left bare to the sun for a month prior to the festival. This feast lasts several days and is celebrated with music, ceremonial bathing, the sacrifice of fowls to the village spirits and sun god, by the *paahan,* in the *sarna* or sacred grove. Certain rites are also performed that are supposed to foretell the amount of rain that will fall in the ensuing year. At this festival some fish must be eaten, usually small crabs found in the rivers. Plenty of home-brewed rice beer is offered to the ancestors at the feast and much is consumed by the people, while the whole night is spent dancing. Until the festival is over, no Oraon may pick or eat the new leaves and flowers.

Within its traditional framework and affording the village recurrent enjoyment is a whole collection of tribal dances, poems and riddles. These art forms are part of the village routine and in spite of the tribe's exposure to alien influences for centuries, dancing and singing persist as vital habits of the Oraon. Each dance has its own distinctive poem or song which is fitted to the drum rhythms and are sung by all, as the dance revolves.

For the Oraons dancing is essentially a village amusement. The dances fall into four groups: 1) "Festival" dances for the two major festivals, a) *Phagua* and *Sarhul* and b) *Karam;* 2) "Jatra" dances at the meetings of groups of villages; 3) Transitional social dances which are danced between the periods of the "festival" dances or as substitutes for them, such as the *Matha, Jadura,* etc.; and 4) Marriage dances, including the blessing dance, the marriage *domkach.* The fact that the "religious" dances overlap the festivals by sometimes several months suggests that they have no special religious meaning.

The Oraons are a light and gay people, active and quick, cheerful, hard

workers, easily roused to enthusiasm. They are a pure and well preserved race and never intermarry with other races. Intensely attached to their native soil, they are naturally bright and always happy, living in the present moment. They know how to bear sickness and even hunger with a smile.

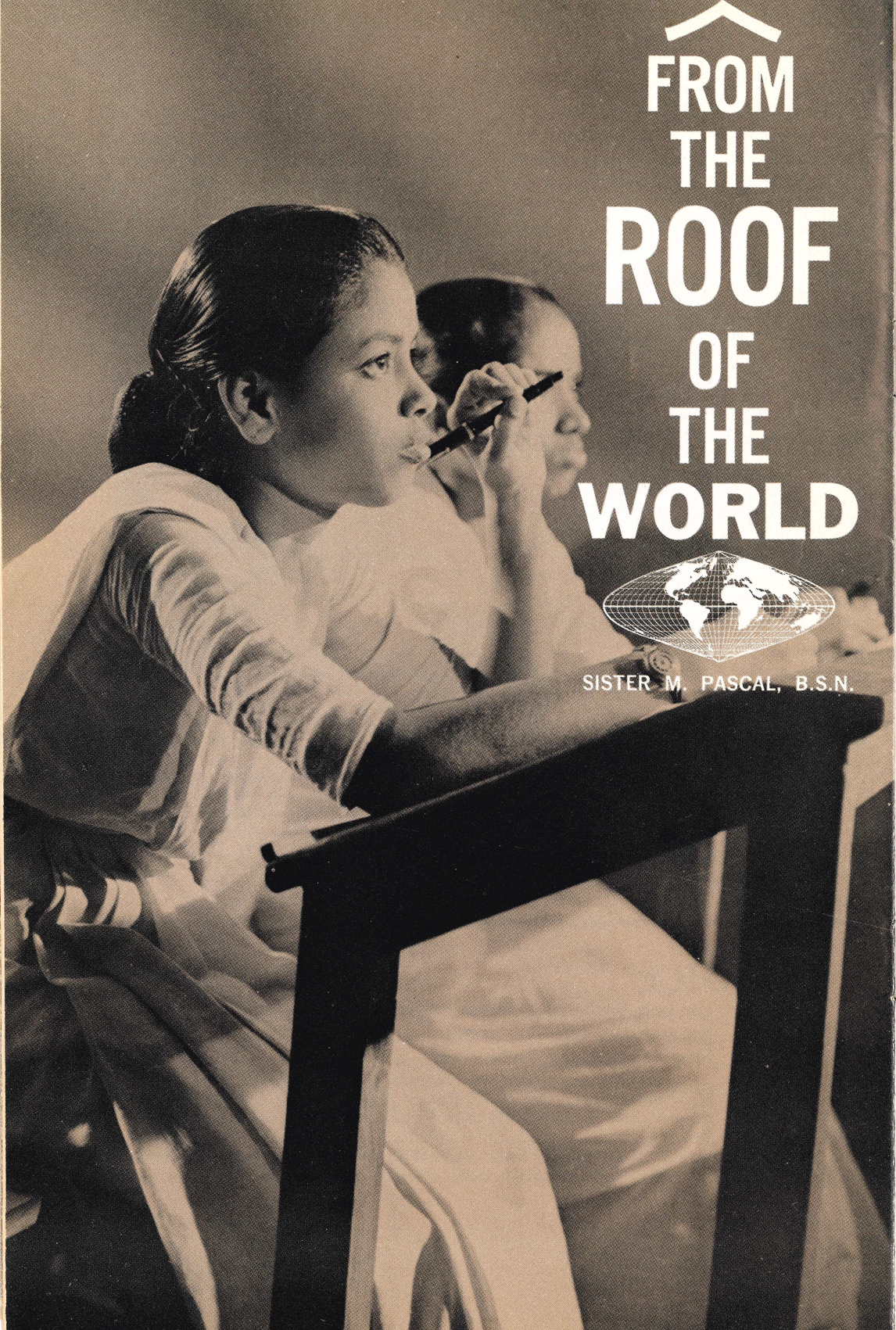
Dancing and singing, accompanied by the drums, are vital parts of Oraon tribal life.

YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its purposes,"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.



FROM THE ROOF OF THE WORLD

SISTER M. PASCAL, B.S.N.

SEVERAL years have passed since China swallowed Tibet and called it "Liberation." I imagine most of the world has marked it down as "one of those things that happen," and have since pushed it into the back of their minds. This is nature's way of reacting to unpleasant situations—time has a way of diminishing such things.

Last month, we in Mandar, were again made aware of the Tibetan "liberation," as China prefers to call it.

Catholic Relief Services had asked us if we would accept two Tibetan refugee girls and train them as nurses aids. This question was put to us this spring. Since the culture of "Mysterious Tibet" and the atmosphere of a modern hospital seemed poles apart, we decided to interview the girls before accepting them.

This summer while in Darjeeling, Sister M. Jerome (The Directress of Nurses) and I walked over to the Tibetan Refugee camp in Lebong to see several girls and decide if the plan was feasible.

The camp was extremely clean and well kept. Everyone, except the little school children, was busy engaged in some handicraft work which helps to support the camp. Language was definitely a problem, but soon we found a school teacher who spoke some English, more Hindi and fluent Tibetan.

He acted as an interpreter as Sister interviewed several girls. All had winning smiles and an open simplicity which was most attractive. To be able to smile and laugh while looking at the mountains which separate them from their homes, the mountains which claimed many lives of those who fled Communist oppression — to laugh in spite of all this, shows the heroic courage of these people.

A week or two later when we were leaving Darjeeling to return to Mandar, the Dali Lama's sister-in-law, Mrs. Thondop, brought the two girls we accepted over to our house all packed and ready for the long journey.

Lobsang and Thadil found the train journey a series of never failing wonders since they had never been in such a thing before. As the mode of travel in Tibet is usually by mountain pony, we fortified the two with dramamine to prevent motion sickness. Even then they were a bit uncomfortable at first when the countryside passed by at 40 miles an hour.

Life here is surely different from life in Tibet, but the girls are making the adjustment very well. They find the weather a bit warm after living in the Himalayan highlands, even though Mandar is about 3,000 feet above sea level. The language problem is fast fading into the background as the other students take pride in teaching them a few words in Hindi each day—in addition to their regular classes.

Our student nurses have learned in a practical way what Communism will do to a country. They know that Lobsang is now an orphan, and that Thadil's father was shot down in cold blood, and has no idea what has happened to her mother as it was she who sent her word not to return to her village from a pilgrimage to a monastery in Llasha, but to escape Tibet as fast as possible.

Some day when these oppressions are driven out, they hope to return to their country, and we join them in this wish. But may they return to their isolated land knowing that the love and sympathy of Christ extends even to this land of theirs called the "Roof of the world."

Drugs to combat T.B. Poverty and overcrowding provide the substratum for T.B., one of the most prevalent diseases of the area.

MEDICINE in MANDAR

SISTER M. FREDERIC, M.D.

EIGHTEEN months ago when I left Mandar, Ranchi was still a relatively small town. Today it is bustling with activity, due to the Russian steel project going up in its outskirts. Mandar, though 17 miles from Ranchi, is now part of the Ranchi Improvement Trust —part of greater Ranchi. With the advent of industry, there is a new prosperity, but also an inflation; trade unions, and also increased wages; and many moral problems. Food is hard to get—already, huge trucks come even to Mandar's little bazaar to buy up all available fruits and vegetables. Mandar Holy Family Hospital's vegetable farm is an absolute necessity now; once it was merely a convenience, for the hospital. Water, too, is growing scarce and additional sources will have to be tapped to meet the new demands of the entire area.

Holy Family Hospital is located just outside the village of Mandar. The silhouette sign on its roof can be seen at quite some distance, to proclaim this 160-bed hospital by the side of the road. It is a general hospital, serving not only the villages of the immediate

When the village midwives couldn't help her, Lal was finally brought to Holy Family Hospital, where her baby was safely delivered.

area, but many of the mission stations of the Ranchi Archdiocese, as well as persons who come from hundreds of miles away because of "the name of the hospital." New buildings gradually have been added since it began in 1947 and the next on the list is a nurses' hostel, badly needed, since the overflow students now have to live in the original wards of the hospital. To us they are very crowded, though by comparison with the homes here, they seem almost adequate.

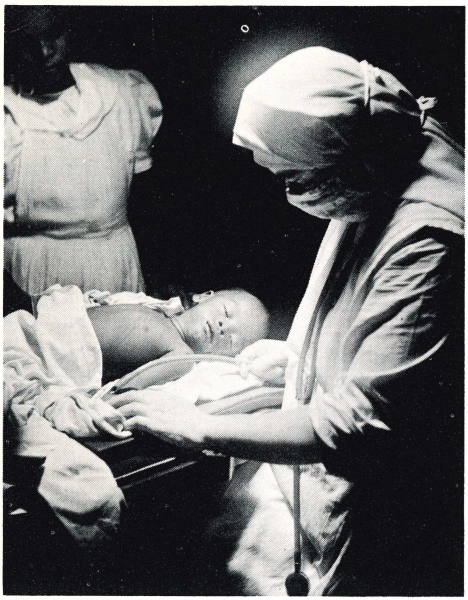
The near-by village homes are made of a kind of adobe, with tile roofs. They may have one or several rooms, depending on the prosperity of the family. Since the only light in these homes is a kerosene lantern I have only a very vague idea of the interior. The thing that impressed me most was the cleanliness, and the orderliness of these homes, despite the fact that maybe two animals would be sharing the same room as the family. My first home delivery in India was done on the floor of one of these homes and it was only when daylight filtered through the door at dawn that I realized we had two oxen and about 20 people as spectators—Sister M. Pius, who was with me, had remarked, "how like Bethlehem!"

This area, like most of the Chota Nagpur plateau, is, or was, an agricultural one. The staple crop, of course, is rice, and usually only one crop a year is grown. Everything hinges on this crop—even the number of hospital admissions—only emergency surgery is done at harvest time. Only those who are not needed in the fields are free to come to the hospital.

In the villages, there are a variety of religions. In the Mandar area there are Hindus, Muslims, Christians and animists—Oraons, Mundas and Kharias. Witch doctors are not a figment of the imagination; sacrifices of chickens are made for a quick recovery. *Deshi dawai* (Hillbilly medicine) is the first medicine ordinarily tried by the villagers, just as the townspeople usually start with homeopathic preparations.

Diet can be good, but often isn't due primarily to ignorance. Some of the anemias, due to malnutrition, we saw were incredible. It was not always poverty; simply lack of instruction. Our pediatrics ward was a real source of education in the feeding of babies—something other than breast milk before age one or two was a concept we worked hard to put across. Rice and curry is the ordinary diet of India, and the children take to it like ducks to water. There are endless varieties of rice and ways of making curry—it can be very, very nice, if you have a good cook. And it can provide an adequate balanced diet if you have an educated cook.

Poverty and overcrowding provide the substratum for TB, one of the most prevalent diseases of the area. Incomplete eradication of mosquitoes end up in providing malaria and filaria patients. Kala-azar is rarely found in this area. Badly protected water supplies result in typhoid patients. Vaccination has to a great extent done away with smallpox, and, today, epidemics of cholera occur less frequently near Mandar. Surgery includes just about anything in the books. The low iodine content of the water and soil predisposes to colloid goiter—which becomes surgical at the marriageable age, especially in girls. Lack of understanding of the need of pre-natal clinics, brings emergency cesarean sections to the hos-



After surgery. Sr. M. Francis, M.D. and Oraon nurse with a young post-operative patient. (Sr. M. Francis is now in Ghana.)

pital. Roundworm are commonly the cause of intestinal obstruction. So is TB. Injuries, too, are always there. Little boys fall out of trees; miners break their backs; anyone may be run over by a truck, or burned in his own home. Yes, Mandar Holy Family Hospital exists to help all of these in need.

Little boys fall out of trees. Some climb for food—they eat the blossoms. Sr. M. Claude, M.D. (now in Mymensingh, E. Pakistan) with the patient.

SUNDAY BAZAAR

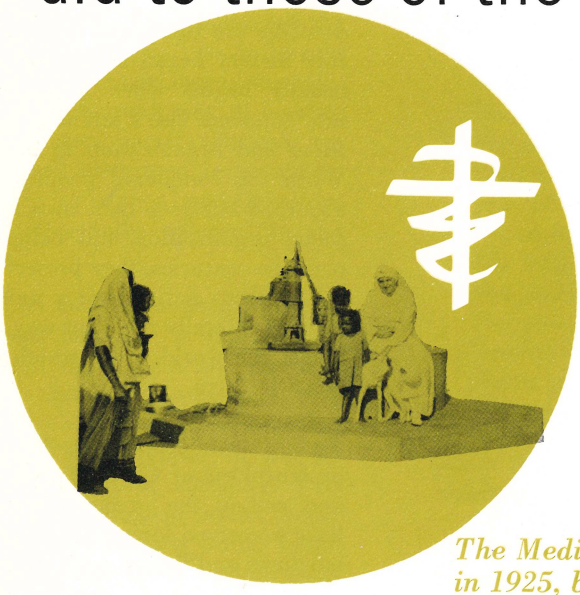
ON Palm Sunday we decided to introduce Sister Carol to our Mandar Bazaar—we, being Sisters Carol, Dennis, Dolores, Regina and Frederic. A few weeks earlier, Sister M. Carol had gone with a group to see the new home of one of our kitchen boys. He had asked for a week off in which to build it. Now it was time to see the bazaar, one of the customs of village life.

This bazaar is not quite a mile from the hospital. Twice a week, market is held, but Sunday is the big day when everybody shows up, from our nurses, to the littlest babe in arms from any village within walking distance — ten miles.

The stalls, for which a dollar-a-year-rent is paid, are strictly in the open air. They are grouped according to product: here — vegetables, there — sweets, over there — cloth, here — ready-made clothing, or bracelets or knives or rat traps or baskets and winnowing fans, or water pots—all the necessities and little "luxuries" of village living. Prices may be jacked up a little to match our foreign faces, but Sister Th. Dolores or any of our Indian Sisters know well how to get them down to our level again. Everyone loves to bargain. That, they say, is half the fun of the bazaar. It is like going to a very different, outdoor five-and-ten cent store, or maybe an old style country fair. Some of the bazaars feature dances and cockfights, though I have never seen them at Mandar. Bazaar is also the time to pick up mail if you live in a village. The postman doesn't ring twice—you go to the post office—except for telegrams and special delivery.

For us, just as for the women of Chota Nagpur, Sunday Bazaar is a pleasant outing.

"The Church is like the ancient village well which gives water to the present generation as it did to those of the past." JOHN XXIII



The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D. in Washington, D.C., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, S. Vietnam and South America. American Provincialate: 8400 Pine Rd., Philadelphia 11, Pa.

KURUKH:

THE LANGUAGE OF THE ORAONS OF CHOTA NAGPUR

SISTER M. CUTHBERT, M.A.

SCATTERED over the face of the earth in the less accessible and less attractive or fertile areas are the interesting peoples whom we call primitive, aboriginal or tribal. The terms are unfortunate. The people we mean to describe are those who were there before history began to happen. History usually begins when someone walks into someone else's territory and uses force and organization to stay there. When the conquered peoples are not absorbed but keep their own language, social organization and beliefs intact over the centuries, they preserve for us the precious heritage of a unique culture, of a totally different way of looking at the world, from which there is much to learn.

Among such peoples are the Oraons, or Kurukhs, of Chota Nagpur, India, and among the precious things they have preserved for us are their dances, language and literature. Thought to be of Dravidian stock, like the people of South India, these people have lived as an isolated, closed group for a long time. Their language today has a pattern that is similar to the South Indian or Dravidian languages but also has many words and some sounds that seem to have been borrowed directly from Persian a long time ago. This refers to the language that they speak among themselves. They also speak a pidgin Hindi to communicate with traders, land-owners and outsiders generally.

Their own language, the true Kurukh, is a highly inflected language with a pattern and underlying philosophy all its own. Like the American Indians, who also have such interesting and isolated languages, the Kurukh have some words for things that cannot be said at all in English and therefore cannot really be translated.

They also make some distinctions that would not occur to us. There is one set of numbers for counting in the abstract, another for counting people and another for counting things. Again they have a word for "we-but-not-you-to-whom-I'm-talking." It is simply impossible to say simply "we" and leave the rest of it unspecified. This is largely due to the great importance of the community in the Kurukh way of looking at the universe. Social relations are complex, well integrated for everyone and highly satisfying, and therefore they are constantly reflected in the language.

Perhaps the most interesting aspect of the Kurukh language is that though "in its own right" it is an unwritten language—that is only outsiders have attempted to commit it to writing and that only in recent times—it has an ancient and beautiful literature. This literature, consisting of verse, prose dialogues and riddles, is stored in the people's memories and passed on from generation to generation, absolutely word perfect. It is chanted at work when the rice is transplanted in the rainy season or at the dances to the measure of the drums in the harvesting seasons. It is sung or recited at births, marriages, deaths and partings. It colors the routine contours of the day, the week and the year. It expresses the people's attitudes to nature and the supernatural, their loyalty to the village and the tribe, their shared joys and misfortunes.

The following is one of the many marriage poems, as translated by W. G. Archer:

Mother I planted a mango tree
The mango grew and put out its spreading branches
On the Eastern branch the pigeons perch
And the doves sit
The pigeons flock from twenty miles.

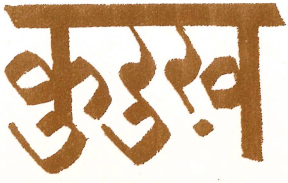
The foregoing is figurative. Another chant, whose function is to rehearse the things that should be done at a marriage, is like this:

The candles are ready
The seven carriers are waiting
The red gun is taken
The red box is borne
The scabbard and sword are going
The drums are beating
The red chair is carried
The dancers come
The bride's companion glitters
The tinsel flowers are bobbing
The tasselled switch
Reaches the ground
The horse-hair plume
Brushes the earth.

Here are some samples of Kurukh riddles:

"A cow gives birth to a bone and the bone gives birth to a calf." Answer: hen laying an egg. "A mouse frolics between two fences." Answer: a weaver's shuttle. "A thousand candles in a dish." Answer: stars.

Kurukh is not written in Roman script but Devanagari is used as for Hindi.



JUNGLE

THE brain fever bird has been piping his song for weeks now. It's hot as hades, and dry as a desert. Clouds roll by, but only dust blows; no healing rains yet!

Easter Sunday morning we received a call to see a patient in an impossible place, one of the outlying mission stations. I shall not bother you with the local name—translated it means "Jungle of heroes" and I concluded after the trip it takes a hero to live there; and at least a semi-hero to travel that far; and that any patient that comes from there to here, is more than heroic.

The road to within twenty miles of the place is fine. It's even paved! The last twenty miles of it is better experienced than described. We rode for two hours or so on it, missing our way of course, and being told at each juncture, "Only one more mile." Finally, our poor old Landrover, that had been bravely backfiring all the way, through six inches of sand a good distance, finally just gave up the ghost out in the middle of a field about a mile from either a tree or a village.

Some ladies stopped to stare at us on their way to market, secretly intrigued, I think by Sister M. F. Peter, my companion, who is an Oraon like themselves. Of course I didn't understand a word of the conversation—Oraon bears no resemblance to Hindi, not that I mean to imply I am a Hindi scholar! The upshot of it all was that they said it was only two miles more. Well, you'd think we would have learned by then. But no, we started bravely off without (very foolishly) taking any water along.

The road was treeless. The hour 2 p.m. We walked as fast as we could despite the temperature of the day, hoping only to find a tree somehow, and most of all, our destination. On the way, we met practically no one, and passed only one home on the road. Of course we stopped there to inquire the way. Sr. F. Peter begged the lady to let her little girl come with us to show us the way. The mother said the child was busy just now—so sorry!

Finally, the boy Father had sent to meet us at the proper turn off the "main road" caught up with us. He had a cycle and a bag of oranges. We were ever so grateful for the oranges after an hour in that blazing heat and we, Sr. F. Peter, I mean, told the boy in Oraon to ask Father to send something for us. I don't know what we had in mind—Sr. F. Peter used to walk sixty miles as a school girl, but I'm from Brooklyn. Finally, Father came on his horse and the nurse on a cycle which she kindly gave to me. Poor Sr. F. Peter can't cycle, so she had to walk the whole way. I had the dubious privilege of a wobbly ride on the cycle —but I was glad to get off my two feet.

When we arrived, it was good to sit down and just drink water. We saw the patient, a little girl, paraplegic since a fall nine months ago. She still has the long road of recovery to trod. Longer, I guess, and maybe just as elusive to hear as the "one mile" we kept hearing about all the way to see her. We also

OF HEROES

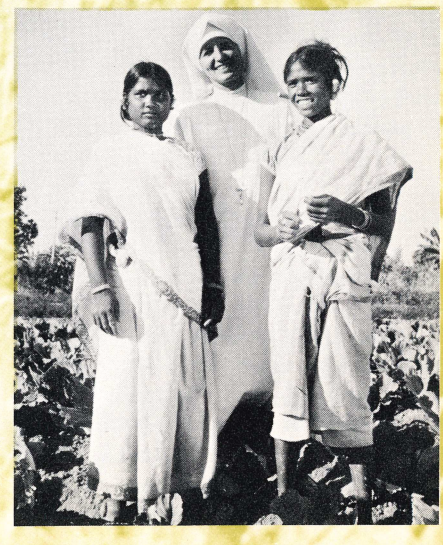
saw the other patients in the parish hostel, visited the St. Anne Sisters who have the parish school and do a great job among their own people. One of the Sisters was a cousin to Sr. F. Peter, and the Father Headmaster turned out to be from her Oraon village also. We visited the new church which is in the process of going up.

The way back was easier. It was evening—the heat of the day was passed. But somehow we got separated, and missed the Landrover at first. So I remained in the home of one of the parishioners while waiting for Sr. F. Peter and the car. Father had told them to put me to bed; that I was too tired to talk. As if I could have carried on a conversation! A nice euphemism it was. The girls cleaned out the best room in the house, the one with a big door for ventilation, and they fixed blankets on the charpoy as a mattress, brought a light to keep away the mosquitos, and left me to sleep, while all the animals stared in through the open door. The people couldn't have been kinder. I was almost sorry to see the Landrover, it was so comfortable in that little low-roofed hut. Here was as great hospitality as I could have had in my own home.

A visit to an outlying mission can surely be an education. Now, when I see a patient, who has made the long walk to the bus, and then the six or eight hour bus journey from way out yonder to Mandar, I all but roll out the red carpet and feel it a privilege to help them back to health. Not that I hadn't always felt it a privilege to help God's sick and poor, but I had never quite appreciated before what the merely physical trip to the hospital meant to them; not just the psychological adjustment to a hospital atmosphere, but the very weariness of the journey itself.

Sister M. Francis Peter, R.N. and Sr. M. Frederic, M.D. on way to visit a patient in a remote and distant village.

Sister M. Frederic, with two Oraon girls. They gave her hospitality in their village home.



EMERGENCIES IN MANDAR

SR. M. ANASTASIA, S.R.N., S.R.M.

Emergency! This patient had a piece of dynamite explode in his hand. Sr. M. Barbara, M.D. spent the night in O.R. trying to save his hand.

"SALAM Sister-Ji," says six-year-old Sanjida, who has been our first patient each day for the past week or more. Perhaps I should say visitor, for Sanjida is not the patient but rather Yacub, her year-old brother, who rides astride her hip. I have never put Sanjida on the scales but my guess is she weighs only about twenty-eight pounds. She has flashing brown eyes and an engaging smile, which makes her a favorite with all. I wonder, sometimes, where she gets the energy to carry the baby around. They live in a village about a half mile from here, yet she brings Yacub daily because he has a slight rash on his leg.

No nursing supervisor watches a student more closely than Sanjida watches us put the ointment of Yacub's leg. She looks at the leg from every angle, lest perchance we miss a spot. Her eyes as well as her lips say "Thank you" as she leaves for her village. Her visit begins our day with sunshine regardless of the monsoon.

Not all patients have such simple ailments. Sometimes it is heart breaking to explain an illness to a patient. Yesterday Somra Uraon brought his wife, Mauwa, in from Kachacho, the next village. A week ago, Mirsu, of the same village was discharged after the successful removal of a benign tumor. According to Somra, his wife needed the same operation because she had a *goli* (anything round) also.

Sister M. Scholastica, M.D. examined Mauwa. She had a *goli*—there was no doubt about it, but it was advanced terminal cancer. Sister and I spent half an hour trying to make Somra and his wife understand that this *goli* was not the same kind as their neighbor, Mirsu, had had, and that we could not operate on Mauwa. It was like arguing with a stone wall. Both Sumra and we agreed (1) that Mauwa was ill, (2) that she had a *goli* but there our concord ended. A *goli* was a *goli* to Somra and why wouldn't Doctor remove it just as she had for Mirsu? While Doctor patiently described again the difference between the two cases, all the warnings of the early signs and symptoms of cancer, which I have seen printed in various publications, flashed through my mind. Such magazines Somra has never seen and never will. Be it a soft ball, fast ball, base ball, foot ball, high ball, water ball, benign tumor or terminal cancer, they are all *golis* to Somra. We were filled with pity for them as they left, still thoroughly convinced that we *would* not, rather than could not, operate on Mauwa as we had on Mirsu.

Recently, a school boy came in with mumps. We sent a message to our Pastor, telling him what he might expect in the Parish School. Father came at once to talk to Sister Scholastica, M.D. who decided that it would be easier to examine the boys at the school. Two doctors and two nurses went across the street to the school, where they found the boys lined up and waiting for them. Nine more cases were found among the four hundred school boys.

Father fixed up a temporary hospital for them on the school grounds and two of our graduate nurses were assigned to care for them. Doctor made rounds in the Annex, as we called it, twice a day. The boys enjoyed their novel situation and boasted about being in the Hospital at Mandar. Actually the school was fortunate for only six more cases developed, a total of sixteen for the whole school.

On Thursday afternoon we have Pre- and Post-Natal Clinic. It is always well attended and the patients are a happy lot. Slowly the tribal women are learning the advantages of regular check-ups during pregnancy. They enjoy talking to the other women patients. Many come from different villages and this is probably the closest most of them come to social life outside their own, or their parents', villages. They are often accompanied by small children, who are intrigued with the scales, the endless bottles of medicine, ointments and tablets which they see. There are times when they unite their voices with the tearful cries of the younger sick babies and then we wish that the big Waiting Hall of the Out-Patient Department did not give out such an echo.

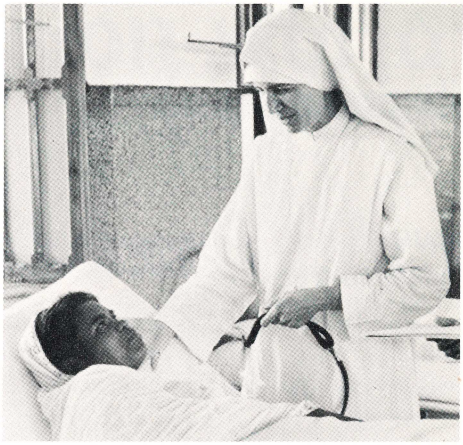
Little by little the women learn about better balanced diets, although you would not get far with them, if you called your instructions to them by such a name. It isn't easy to change the eating habits of a group, but it can be done sometimes. Something was done here to interest the people in corn. Corn on the cob is known to them but they pick it when it is too old to suit us. They then roast it over an open fire, turning the corn constantly until it is well browned. Loose corn kernels, such such as we had received for free distribution did not interest them at all.

Sister M. Dennis, who was then in charge of Mandar kitchen, took some of the corn, had it ground and cooked it as if she were making corn meal mush. She added finely chopped onions and chillies to it, made it up into small balls and dropped them into deep fat. That was something that appealed to them and corn "free from the cob" was no longer something to be scorned.

Oraon nurse. Once the fundamentals are learned, there are no better nurses to be found than the tribal girls.

When an emergency arrives and upsets the Operating room schedule, the doctors are late arriving in the Dispensary. You would expect the people to get tired waiting, but once they know the doctors are working on the patient they saw arrive shortly before they sit back contentedly and resume their chatter.

These emergencies arrive at all hours, in all manner of conveyances. Sometimes the patient is carried in a round basket suspended by ropes from a bamboo pole and carried by two men. Other times they come on a *charpoy* (string-bed). These "basket" and "charpoy" patients the doctors usually see first because they know that these are the worst cases—some are dehydrated from cholera or typhoid fever, others have tumors or bleeding ulcers . . . Sometimes we wonder if they get ulcers from the hot chillies they eat . . . But there is little time to wonder—another emergency has arrived.



(Top) Sister M. Frederic explains to Mauwa why she can't remove her tumor. (Sr. Frederic is now in Patna, India.)

(Lower) Sr. M. Scholastica, Sister-Surgeon at Mandar, greets a TB patient, carried on a native ambulance.

R.I.P.

Please pray for our benefactors recently deceased:

Archbishop Francis P. Keough, Baltimore, Maryland

Rt. Rev. Msgr. Scott A. Fasig, Bethlehem, Pennsylvania

Rev. J. Haeffle, S.J., Poona, India

Rev. Theodore J. Mehling, C.S.C. Notre Dame, Indiana

Mrs. Rose Carr, Phila., Pa.

Miss Mary Catherine Healy, Pontiac, Mich.

Mrs. Agnes Mangan, St. Albans, N. Y.

Miss Anna C. Mellon, Phila., Pa.

Mr. Harry O'Brien, Long Beach, N. Y.

Mr. Frank Shimek, New Britain, Conn. (Father of Sr. M. Josepha, S.C.M.M.)

across the

GHANA

Thanks to You!

Our new Techiman well is giving 900 gallons of water an hour at present! Your prayers and sacrifices have made it possible.

Sister M. DeMontfort, R.N., Holy Family Hospital, Techiman, Ghana

GHANA

First Impressions

As I sit here in my room, looking out on one side, I can see the ten foot grass and on the other, a pineapple tree. How's that for a beginning? I could go on to tell about the blooming bushes of poinsettias and other lovely flowers and the many other beauties of Ghana. But instead, I think I'll write about my first day.

As I left the plane (which took nine hours from the U.S.A. to Ghana), I was greeted by Francis, the electrician at the hospital, who presented me with a note. The note was an *Akwaaba* (Welcome) from Sr. M. Paula with a few instructions in it and a message that she would meet me in Kumasi. So together, Francis and I went to the Lorry Park to get the Kumasi Transport. A Lorry Park is a miniature Grand Central except that the people have no shoes on and sell fu fu, bread, water, Ipana toothpaste, etc. We parked ourselves in the Mercedes Benz eight-seater marked for Kumasi and waited and waited. I asked Francis what time it was scheduled to leave for Kumasi and he smiled and said, "They wait until the car is filled before we can go." This was 12:00 noon. At twenty minutes of 2:00 we left for Kumasi. But the wait was by no means bland. One woman pranced by with a table upside down on her head. Another man up on a make shift platform was playing some Harry Belafonte records and got everyone to dance and then proceeded to bark about his product—toothpaste—Madison Avenue had nothing on him.

We made the trip to Kumasi by flying low at 75 m.p.h. on a road one and three-quarters lanes wide in four hours. They told me this trip usually takes five to six hours. They manipulate the foot gear much better without shoes so the driver's sandals sat between him and me. We rode in and out of showers and where it was raining, the people just pulled off a banana leaf five by two feet and held it as an umbrella.

We arrived in Kumasi at 5:40 p.m. where we met Sisters Paula and Clarene at the Catholic Sisters. From there we traveled the two-and-a-half hours to Berekum. It took nine hours by plane from one continent to another but ten hours from Accra to Berekum. The people here are so very nice and friendly.

Sister M. Malachy, Holy Family Hospital, Berekum, Ghana

medical mission world

INDIA • AFRICA • PAKISTAN • USA • S. AMERICA • VIETNAM

VIETNAM

Language

We have been very fortunate in having an excellent teacher for our language classes. Besides speaking Vietnamese, he knows French very well and some English. We find Vietnamese very difficult, however, the grammar and vocabulary are comparatively simple. Most words in the language are only monosyllabic but oh! the tones. Vietnamese is a tonal language—a word may be spelled with the same letters but have as many as four different meanings, depending on the inflection of the voice. The tones are treacherous for those who have no musical background or who happen to be tone deaf. For example, *Ba Nhat ban lam* means "Sister Superior is very busy." While *Ba Nhat ban lam* can also mean "Sister Superior is very dirty." This is only a mild example of what can happen. It is no wonder that we often send the Vietnamese into fits of laughter when we practice what we think we hear in the classroom.

Sr. M. Marguerite, R.N., Holy Family Hospital, Quinhon, S. Vietnam

GHANA

Student Nurses

We are getting a new group of student nurses on Saturday—18 of them! This brings our training school up to 40. It really is a struggle for them when they first come. Everything is so strange, but they quickly adapt themselves. Looking at the last group it is amaging to realize that they have been here only ten months. My first group of protegees took their preliminary exams last month, so we are anxiously awaiting the result.

Sister Jude Marie, R.N., Holy Family Hospital, Berekum, Ghana

INDIA

Nursing exams

Last Spring I was designated one of the Examiners of the Lady Health Visitors for the State of Bihar. The examiners were: the Director of the Public Health Institute of Bihar, a male dietician from Patna General Hospital and myself. It was a strenuous job. We started examining at 7:30 a.m. (in Hindi and English) and went on all day until 6 p.m. The exams lasted for five days and by then we were all very tired.

The Lady Health Visitors course comprises basic nursing, midwifery, Public Health visits and health classes. One day we had to give both oral and practical exams in cooking and nutrition. There were 23 candidates and each had to prepare a menu for a special diet. We had to grade them on the way the food was cooked, preparation of trays, etc. We had to do this by tasting the food so by the end of the 15th candidate, I couldn't eat any more!

Sister M. Carmela, R.N., Holy Family Hospital, Kurji, Patna, India

VIETNAM

Phop Again

We have had several Montagnard patients recently. Phop came to us about three months ago with a broken leg. He was a cheerful young man and seemed to enjoy his stay. He was discharged last week, wearing a plaster cast and using crutches. His wound is completely healed but he does not have enough union of the bones to enable him to put weight on the leg. For a while he will stay with the Sisters of Charity in Kontum where he can be near his people. His one great concern is how he will be able to get up into his house on crutches. His house is one of those on stilts, and is approached by a crude ladder. Knowing Phop, I feel sure he will manage!

A young married woman was brought in recently with a severely infected right arm, the result of a snake bite. The infection was spreading fast, and the arm had to be amputated in order to save the life of the mother and her unborn child. When we told the husband that we would have to amputate, he was very reluctant, as the Montagnard women pound the rice and do most of the work in the fields. The Montagnards are great lovers of children, and when it was pointed out to him that the child's life was in danger, he gave in, and the operation was performed.

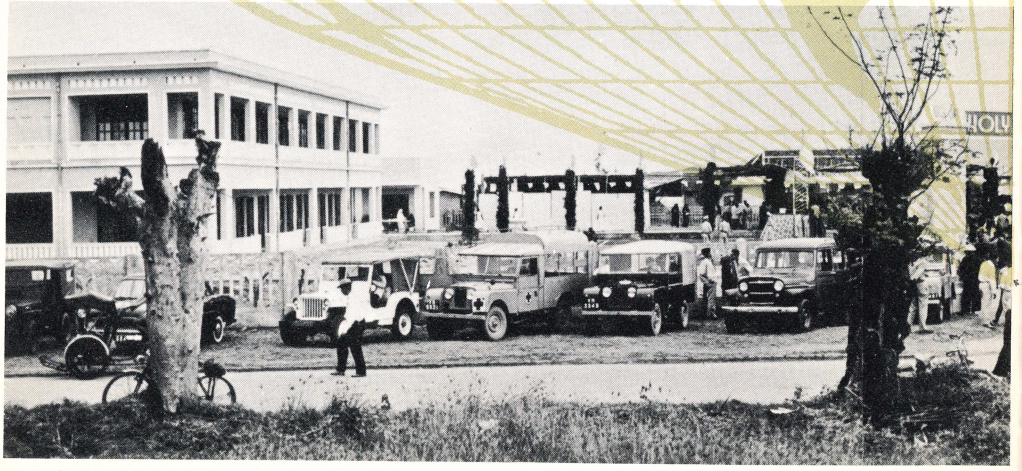
It is a privilege and a great joy to be working with Vietnamese Catholics. They are very devout and really love their Faith.

Sr. M. Karen, R.N., Holy Family Hospital, Quinhon, S. Vietnam

PAKISTAN

Camel Traffic

Karachi was much like I expected it to be from pictures and tales. The three things which struck me about Karachi were the extreme dryness of the countryside, the mosques, and the camels! Everywhere you turn you can see a mosque—big ones, small ones, well kept ones and poorly kept ones. Each morning as you make your meditation you can hear the Muslim call to prayer off in the distance—*There is but one God, Allah, and Mohammed is his prophet.*



It took me a while to get used to the fact that I wasn't in a zoo every time I saw a camel. At first I kept count of every one I saw and hurried to a window whenever I heard one of their distinctive bells ringing. But needless to say the novelty soon wore off as there were so many of them. It is surely a strange sight to travel to downtown Karachi—a good-sized city—and see the traffic officer directing camels!

Sister M. Berchmans

TECHIMAN

Local Talent

Some time ago we went out to visit a cocoa farm. The pods were just beginning to ripen and were all different shades of green, yellow and orange. While there, a small boy ran out with a beautiful rubber ball. We inquired about it and learned that it had been made locally from the sap of a native tree. They had made a small ball first, then poked a hole in it, and pumped it up to the desired size. It was perfect —light with plenty of spring.

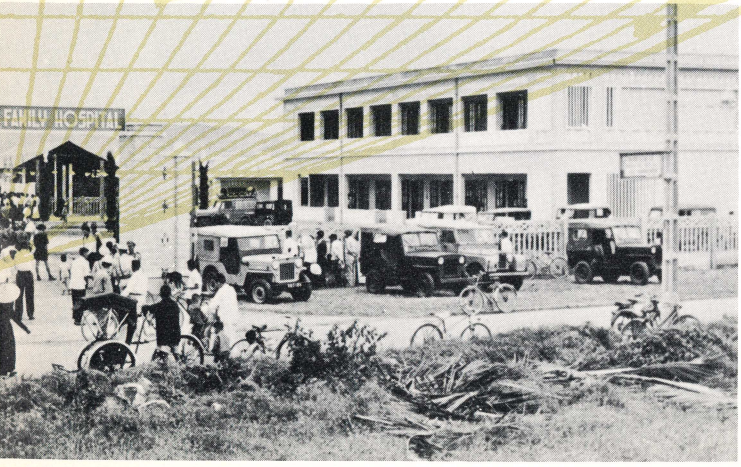
Sister M. Martina, Holy Family Hospital, Techiman, Ghana

Sister M. Francis Peter, Medical Mission Sister and her cousin, a Sister of St. Ann, both Oraons in Mandar Dt. *See page 6 for Sr. F. Peter's article.*

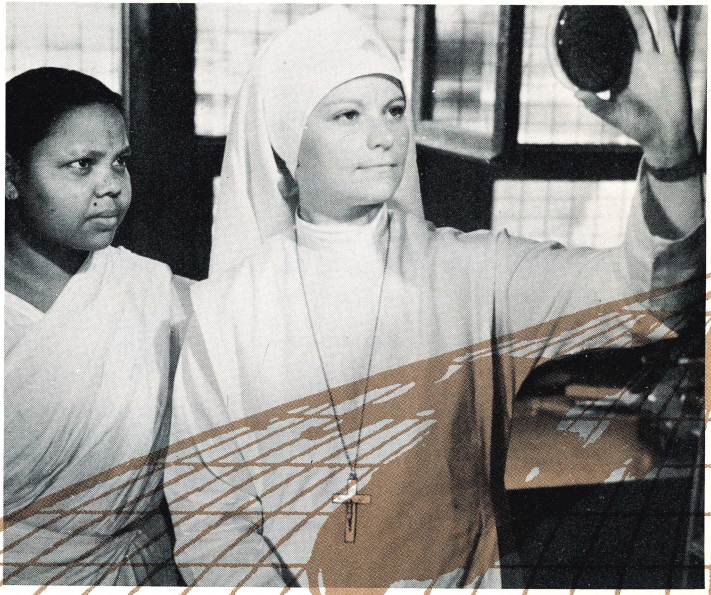
INDIA

First Impressions

New Delhi, Holy Family Hospital is a beautiful hospital. So far, I have been spending my four hours a day studying Hindi. I like it very much and have a wonderful instructor, a Hindu, who really manages to keep me busy and interested! On the side, I pester all the aides, sweepers, Fatima (our housekeeper), trying out my latest expressions. Sister Cuthbert certainly gave us



Holy Family Hospital Quinhon, S. Vietnam.



New Delhi. Holy Family Hospital. Albertina Ekka, Oraon medical technician, with Sr. M. Michael Ann, R.M.T., examining a blood culture in the lab. Albertina Ekka was trained at Holy Family Hospital, Mandar, India. Sr. Michael Ann comes from Minnesota.

Sr. M. Carmela, R.N. entertains in pediatrics, H.F. Hospital, Patna, India.

an excellent background in Linguistic's class.

Delhi is most interesting in all aspects. This week I had an opportunity to go and see the Taj Mahal in Agra. We took off our shoes and climbed the marble stairs (under the dome) down to a depth of 18 feet where the actual tombs of Shah Jahan and his queen are. The huge marble replicas of their tombs are found above on the main floor of the Taj. The masonry with its diverse designs all cut out of pure white marble are exquisite. I can well understand how it took 20,000 men, ten years to complete.

Sr. Michael Ann, R.M.T., Holy Family Hospital, New Delhi, India

VENEZUELA

Cheerful Patient

We have a 14 year old girl in the hospital who several months ago had both legs amputated. The people use kerosene for cooking down here. This poor little girl took a can of gasoline by mistake and as soon as she got a match near it, there was an explosion. If the family had taken her right to the hospital, her legs could have been saved. However, they just wrapped her up and didn't do anything else. When they realized she wasn't getting any better, they brought her in, but by that time, infection had set in.

Sister M. Timothy, R.N., Sagrada Familia Hospital, Caripito, Venezuela

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FEBRUARY IS CATHOLIC PRESS MONTH

"The mission of the Catholic press is to serve the truth, which is justice, in charity, which is love." (Federico Alessandrini)

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BOOKS

THE CHURCH & THE WORLD

WOMEN AND THE NEW EAST. Ruth F. Woodsmall. Washington. Middle East Institute. 436 pp. $5.50.

In 1936 Miss Woodsmall wrote a book entitled "Moslem Women Enter a New World." Twenty-five years later this book tells of the advances made in the new world of the East, in Turkey, Iran, Afghanistan, Pakistan, India and Indonesia, countries in which there have been enormous political, economic and social changes. The particular advances made by women, the contributions they are making, the difficulties which they have met and overcome, the work still to be done, all are discussed in relation to the overall developments in the various countries. The book gives many interesting facts and statistics and will undoubtedly take its place among the works which have charted the history of women.

SECRET DIARY FROM RED CHINA. Transcribed by S. T. Tung. Indianapolis. Bobbs-Merrill. 224 pp. $3.95.

Written between the lines of several classic Chinese novels, this diary was smuggled out of Red China, then rewritten to make a continuous story. The picture is of Red China as seen by a young Chinese school teacher, dismissed because he refused to sign a propaganda report filled with false accusations against the landlords. The tale is an amazing one showing the endurance, courage, and great dignity of the suffering people of Red China. Ernest Lui, the narrator, his wife Yellow Jonquil, and his brother-in-law, Prosperity, survive hunger, prison, work gangs, and family tragedy, while preserving their respect for human dignity, and their belief in the future of a free and democratic China.

FUNDAMENTAL CATHOLIC TEACHING ON THE HUMAN RACE. John J. Considine. Maryknoll Publications. 92 pp. $1.00.

In this new addition to Maryknoll's "World Horizon Reports," Father Considine tackles the problem of humanity in the midst of a changing world. Moving from the basic Christian teaching on the dignity and value of the human person, through a discussion of political philosophy, past and future, he discusses the basic missiological call of the Catholic Church, and each member of the Church. The Christian can only call himself by that name if he recognizes his obligations towards all men, if he accepts the challenge of his suffering brothers around the world, if he cooperates in the spread of Christian ideas. This small book is merely an introduction to a large subject, but an enlightening introduction which will be of value to all who call themselves Christians.

SISTER M. FABIAN, M.A.

Let no one imagine that there is any opposition between these two things so that they cannot be properly reconciled: namely, the perfection of one's own soul and the business of this life, as if one had no chance but to abandon the activities of this world in order to strive for Christian perfection, or as if one could not attend to these pursuits without endangering his own dignity as a man and as a Christian.

However, it is in full accord with the designs of God's providence that men develop and perfect themselves by exercise of their daily tasks, for this is the lot of practically everyone in the affairs of this mortal life.

Accordingly, the role of the Church in our day is very difficult: to reconcile man's modern respect for progress with the norms of humanity and of the Gospel teaching. Yet, the times call the Church to this role.

John XXIII, Mater et Magistra

Mr. & Mrs. Edward Froelich
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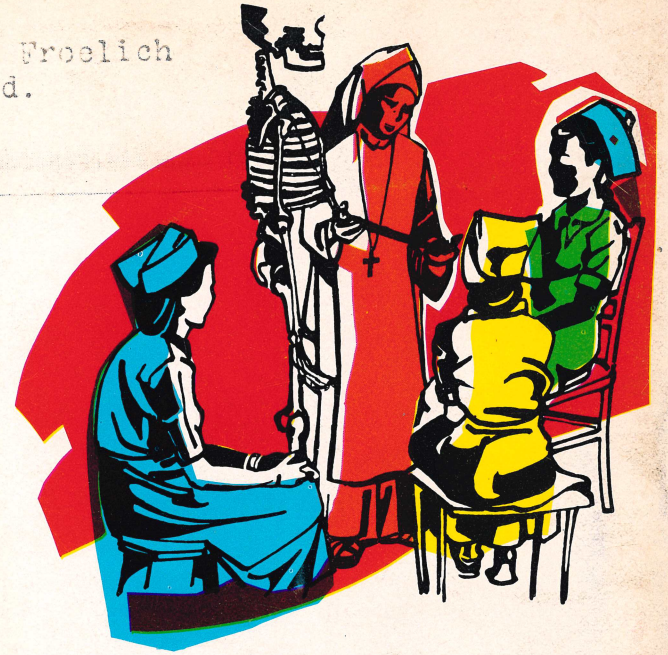

HOLY FAMILY HOSPITAL, MANDAR NEEDS—A NURSES' HOME . . . Our seventy student nurses at Holy Family Hospital, Mandar, India, one of the few Catholic Training schools in the country, are crowded into one big, long, rebuilt quonset hut. They need more room to work, and study, and recreate.

There is a tremendous need for trained nurses in India today. In rural areas, there is only

one nurse for 42,000 Persons

We cannot take in any more nurses into our training school unless we can provide adequate housing for them. Will you help us build a nurses' home? (Cost: $50,000; one brick: $1.00.)

MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters: Here is my gift of $..... for bricks for Mandar's Nurses' Home.

Name.....

Address.....

City..... Zone..... State.....